

CLAIMS ONLY						Application Number 10/683615	Filing Date		
						Applicant(s)			
						May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1								
2		1							
3	1								
4		1							
5		1							
6	1								
7		1							
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48									
49									
50									
Total Indep	4								
Total Depend	13								
Total Claims	17								